

APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

Title of Invention	RESPIRATORY HUMIDIFICATION SYSTEM	
Application Type: regular, utility Attorney Docket Number: 1171/41403		
Correspondence address: Customer Number: 00279 *00279*		
Continuing Data: This is a Division of US application number 09/585,867, filed 2000-06-01 , now PENDING. US application number 09/585,867, filed 2000-06-01 is a Division of US application number 09/097,832, filed 1998-06-16 , now US patent number 6,349,722, issued 2002-02-26.		
Priority Data: Doc.No: 328116; Country - NZ; Date: 1997-06-17 us-priority-claimed Doc.No: 330295; Country - NZ; Date: 1998-04-27 us-priority-claimed		
Inventors Information: Inventor 1: Applicant Authority Type: Inventor Citizenship: NZ Given Name: LEWIS Middle Name: GEORGE Family Name: GRADON City of Residence: AUCKLAND Country of Residence: NZ Address-1 of Mailing Address: 25 CARBINE ROAD Address-2 of Mailing Address: MT. WELLINGTON City of Mailing Address: AUCKLAND State of Mailing Address:		

Postal Code of Mailing
Country of Mailing Address: NZ
Phone:
Fax:
E-mail:

Inventor 2:

Applicant Authority Type: Inventor
Citizenship: NZ
Given Name: STEPHEN
Middle Name: WILLIAM
Family Name: MCPHEE
City of Residence: AUCKLAND
Country of Residence: NZ
Address-1 of Mailing Address: 2/55 COLDHAM CRESCENT
Address-2 of Mailing Address: ST. JOHNS
City of Mailing Address: AUCKLAND
State of Mailing Address:
Postal Code of Mailing
Country of Mailing Address: NZ
Phone:
Fax:
E-mail:

Inventor 3:

Applicant Authority Type: Inventor
Citizenship: NZ
Given Name: PAUL
Middle Name: JOHN
Family Name: SEAKINS
City of Residence: AUCKLAND
Country of Residence: NZ
Address-1 of Mailing Address: 147 REEVES ROAD
Address-2 of Mailing Address: PAKURANGA
City of Mailing Address: AUCKLAND
State of Mailing Address:

Postal Code of Mailing**Country of Mailing Address:** NZ**Phone:****Fax:****E-mail:****Inventor 4:****Applicant Authority Type:** Inventor**Citizenship:** NZ**Given Name:** PETER**Middle Name:** JOHN**Family Name:** LEONARD**City of Residence:** AUCKLAND**Country of Residence:** NZ**Address-1 of Mailing Address:** 15 HELEN PLACE**Address-2 of Mailing Address:** ST. HELIERS**City of Mailing Address:** AUCKLAND**State of Mailing Address:****Postal Code of Mailing****Country of Mailing Address:** NZ**Phone:****Fax:****E-mail:****Attorney Information:****practitioner(s) at Customer Number:**

00279

00279

as our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.